

Homelessness & Housing First

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HOMELESSNESS IN THE US



Homelessness increased modestly for the 2nd year in a row, up 0.3% from 2017. However, the general trend indicates that homelessness is decreasing across varying groups. In particular, the number of **chronically homeless** individuals is **26% lower than in 2007**, but **over 88,000** people remained chronically homeless in 2018.⁹ Policy changes for the homeless population are slow because they do not have the resources to advocate for themselves, so the public is responsible.

TREATMENT FIRST

Linear residential treatment programs are the traditional solutions to chronic homelessness and promote treatment first. They provide a step-by-step progression towards permanent housing by developing housing readiness with **psychiatric treatment and sobriety first**. Because of this, people are denied housing if they don't accept treatment or can't maintain sobriety. This style of program is **based on the misconception** that homeless individuals with mental illness or addictions are too unstable or fragile to obtain, retain, or maintain independent housing.⁸



AN ALTERNATIVE: HOUSING FIRST

The Housing First (HF) model provides **permanent, independent housing** that isn't contingent on meeting goals like sobriety or psychiatric treatment. It is based on the belief that **housing is a human right**. The policy has been successfully implemented in American cities, Canada, parts of Europe, Australia, and New Zealand.

Chronically Homeless: A person with a **disability** who has been homeless for **1 year** or has had **4 episodes of homelessness** in the last 3 years that add up to 1 year. Without stable housing they cycle in and out of hospitals, psychiatric centers, and jails.⁴



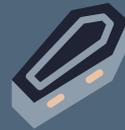
50-70%

of the homeless with a mental illness also abuse substances.⁵



88,640

homeless individuals were chronically homeless in 2018, **24%** of the homeless population.⁹



42-52

the average age of death among the chronically homeless, with **30-70%** being alcohol related.²



\$35,578

the average cost to the taxpayer of one chronically homeless individual per year.⁴

Treatment First programs don't allow for clients' choice or freedom in treatment or housing and their clients struggle with housing retention and maintaining sobriety.

THE BENEFITS OF HOUSING FIRST

Housing First programs **save taxpayers' money** because participants are less likely to use expensive emergency services. The average cost of \$35,578 a year per chronically homeless person is **reduced by 49.5%**, costing \$12,800.⁴ HF is also **better at housing retention** than Treatment First (TF) programs because clients have the safety and security of housing without the requirements.

This gives them more opportunity and motivation to control their substance use, leading to HF clients **abusing substances at a lower rate** than their TF counterparts.⁵

Investments in HF have decreased chronic homelessness by

30% since 2007.⁴



SPOTLIGHT ON HOUSING FIRST PROGRAMS

Pathways to Housing, NY

In 1992, Pathways to Housing became the first program to use the HF model in the U.S. It supports housing for homeless individuals with **psychiatric disorders and addictions** by giving **immediate access** to apartments for the chronically homeless living on the street who are unable or unwilling to go through a TF program. Over a 5 year period, **88% of tenants remained housed, compared to 47% in a traditional program**. While some criticize HF programs for doing too little to address alcohol and drug use,¹ Pathways uses the **harm-reduction** approach, allowing clients to obtain housing even if they haven't met their goal or relapse. Mental and physical health, substance abuse, vocational, and other services are available, but HF honors **client preference** and allows them to determine the type and intensity of services they receive. With these choices in their housing, clients reported **greater satisfaction, stability, and well-being**.⁸

Moore Place, NC

Moore Place opened in Charlotte, NC in 2012 with a mission of providing housing and support to chronically homeless individuals with any kind of disability. After 1 year, Moore Place demonstrated high housing retention, with **84% of clients remaining housed**. Hospital bills, emergency room visits, and length of hospitalization decreased during the first year:

- **emergency rooms visits decreased by 78%;**
- **days hospitalized decreased by 79%;**
- **hospital bills were reduced by 70%, from \$41,524 on average in the year prior to \$12,472, \$1.8 million in total;**
- **of those previously involved with the criminal justice system, there was a 78% reduction in arrests and 84% reduction in nights in jail.**⁶

Housing First is an **evidence-based** policy that alleviates the disproportionate burden on the vulnerable chronically homeless population. **Housing is health care and a human right** and HF programs need **stronger government investment** in Homeless Assistance Grants and **public advocacy** to drive progress, reduce spending on emergency services, and help those in need. The chronically homeless are not beyond help, but require stable housing to properly address mental illness, physical disabilities, or substance abuse.⁹

Pathways to Housing and Moore Place prove that Housing First is an effective model for housing chronically homeless individuals by reducing the public burden and creating an atmosphere that is accepting and compassionate by allowing for privacy, control, and choice for a vulnerable population.



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